POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		2	8/20/01
FORMALITY REVIEW	MM	920	09-18-01
RESPONSE FORMALITY REVIEW	-121	1030	10-25-01

INDEX OF CLAIMS

✓ Rejected	N Non-elected
= Allowed	IInterference
— (Through numeral) Canceled	A Appeal
÷ Restricted	O Objected

	_ (Through numeral) ÷	Canceled Restricted	A O	Appeal Objected
a				Claim Date
Claim	Date			
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13		63	- - - - - - - - - - - - - - - - - - - 	113
14		64		114
15		65		115
16		66		116
17		67		117
18		68		118
19		69		119
20		70		120
21		71		121
22		72		122
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34	 	84		134
35		85		135
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38	 	88		138
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43	╶┝╶╎╶ ┼╶┼╌┤	93		143
44	╶┤╶┤┈┤╶╎┈┤┈┤ ┈┤	94	 - - - - 	144
145	╶┤═┧╶╏═╏ ╌┦╴╴╏	95	 	145
46	·┤╍┤╶┤╍┞╸ ┼╌┼╌┤ ┟	96	 	146
46	┈┼╶┼╌┼╌╏┈╏ ╴╏	97	 	147
48	╶┝╸╎╶┝╸╎╸┞╶ ┦╸┞	98	 	148
49	╶╎═╎╶┼╸╏ ╸╏	99	!	149
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If more than 150 claims or 10 actions staple additional sheet here

(LEFT INSIDE)

1619 101 1654-30 10125/61